

NEVADA SECRETARY OF STATE

REQUEST FOR LIST OF REGISTERED VOTERS



Name: _____
(Please **Print** your full name)

Day Phone: (_____) _____

Organization: _____

If Political Party, are you a : *(must check one below)*

- ☐ Committee Member of a Minor Party ☐ State or County Central Executive Committee Member of a Major Party
☐ Candidate ☐ Other (Please Specify): _____

Mailing Address: **(No P.O. Boxes)**: _____

City: _____ State: _____ Zip Code: _____

E-: _____

Applicant Is Responsible For Verifying Accuracy Of Request
Contact the Office of the Secretary of State — Elections Division (775) 684-5705 with any discrepancies.

1. Customize Jurisdiction (optional)

- ☐ **Statewide** ☐ **Countywide** for _____
County/Countries: _____
- ☐ **Congressional Dist. #** _____ for _____
County/Countries: _____
- ☐ **Senate District #** _____ for _____
County/Countries: _____
- ☐ **Assembly District #** _____
County/Countries: _____
- ☐ **Education Dist. #** _____ for _____
County/Countries: _____
- ☐ **Regent District #** _____

2. Custom Search (optional)

- ☐ **By Registration Date:** ☐ **By Political Party** ☐ **By Precinct #:** _____ in _____
☐ Today to 6 Months ☐ Republican County/Countries: _____
☐ 6 Months to 1 Year ☐ Democratic
☐ Non-Partisan ☐ **By Age (range):** _____ to _____
☐ Other:

3. Select Format (On which data format would you like the information?)

- ☐ **Electronic File Format**
- ☐ MS Excel ☐ MS Access
☐ CSV ☐ Fixed Width

Data will be sent via an email with a link to a zipped file. Please contact our office if this delivery method will not work.

"I certify that the information requested will be used only for purposes authorized by local, state and/or federal law. Additionally, any political party, any political party committee member or candidate requesting such information, who receives information requested on this form free of charge, is prohibited by NRS 293.440 from using that information for purposes not related to an election and from selling such information for any reason." "I further declare to the best of my knowledge under penalty of perjury, and acknowledge that pursuant to NRS 239.330, it is a **category C felony** to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State."

Signature: _____

Date: _____